Form T-19 (Rev. 07-2005)

Affidavit of Authority to Sign for a Company, Corporation or Partnership*

| | Date: |
|---|--|
| We, | |
| (Name of Company, Corpora | ation or Partnership) |
| (Street Addr | ress) |
| (City, State 8 certify that | z Zip) |
| (Typed or Printed Name of the Individual Granted Authority to | o Sign for Your Company, Corporation or Partnership) |
| has the authority to execute title documents of | on behalf of our company, corporation or |
| partnership for vehicles owned by our company, c | orporation, or partnership. |
| Note: An officer, partner or owner of the corsign this form under oath. Sworn to and subscribed before me: | npany, corporation or partnership must |
| | |
| This day of,, | (Printed Name of Officer, Partner or Owner) |
| (Printed/Typed Name of Notary Public) | (Signature of Officer, Partner or Owner) |
| (Notary Public's Signature & Notary Seal or Stamp) | (Title/Position) |
| (Date My Notary Commission Expires) | |

General Information

The Customer Service Operations of the Department of Revenue's Motor Vehicle Division retains these affidavits, Form T-19, in the Title Processing Unit for one (1) year from the date received. The individual granted authority to sign for a company, corporation or partnership must submit two (2) <u>original</u> affidavits, Form T-19, to the Customer Service Operations of the Motor Vehicle Division. The Motor Vehicle Division returns to the individual one (1) original, stamped affidavit, which indicates that it is in our files and valid for one (1) year from the date received. The authorized individual must submit a legible copy of the "stamped" affidavit, Form T-19, with <u>each</u> set of title documents submitted for processing on behalf of your company, corporation or partnership.

*This form can be electronically completed and printed from the Department of Revenue's web site, www.dor.ga.gov, for signing and submission by mail or in person. Except for the signature, this form must be typed, electronically completed and printed or legibly hand printed in blue or black ink. An authorized representative of the company, corporation or partnership must sign this completed form and enter their position or job title with the company, corporation or partnership in the space provided.

Any alteration or correction voids this form.